

Asbestos Project Notification

Project Reference Number: 26091246

Type: Amended Notification

Status: Notification Received

Notification Received: 1/29/2015

Number of amendments: 1

Payment Status: Unpaid

Notification Entered By: CGK Environmental

Contractor Information

FEIN:472284723

CGK Environmental Services, LLC

Mailing Address

1185 Phoenix Ave.

Schenectady NY 12308

Asbestos License Number: 81285 **Duly Authorized Representative**

Thomas Gilbert, Other

Phone Number:

518-514-8374

E-mail Address:

Thegilberts8@aol.com

Project Information

Project Start Date: 2/9/2015 Project End Date: 12/31/2015

Project Location County: Montgomery

Worker Compensation

Worker Compensation Policy#:

WC Exemption Certificate#: 077607

Number of your employees you expect to be on project:

Will temporary workers be used?

If yes, name of temporary agency:

Project Location

Building Name: Former Beechnut Facility

Room or Location:

Bridge ID#:

Address Line 1: 68 Church street

Address Line 2:

City Town or Village: Canajoharie

State: New York

Zip Code: 13317

Building Information

Current Use: Vacant

Prior Use: Commercial

Approximate Year Built: 1901

Size(sq.ft): 650000

Is this fee exempt project?: NO

Reason:

Building Representative/Site Contact

Name: Thomas Gilbert

Phone Number: 518-514-8374

E-mail Address: Cell Phone Number:

Phase Details

Phase # Phase Start Date Phase End Date

Phase Location

Phase Scope

Sub-Contractor Details

Name:

Asbestos License Number:

Night/Weekend/Shift Work Details

mon-sat 0700 am-1600 pm

Party for Whom Work is being Performed

First Name:

Rod

Last Name:

Brumley

Organization: Apt./Suite:

B&B Recycling

105

Address Line 1:

West Birmingham Place

Address Line 2:

Province:

City Town or Village: State:

OK.

Zip Code:

74011

Country:

United States

Broken Arrow

Contract Dollar Amount: \$89,329.00

Variance Information

Individual Variance Petition Number: Site specific variances 14-0377,14-0590

Procedures and Type of Equipment and Ventilation Systems Used

Wrap & cut intact piping-glovebag as per variance.hepa vac,wet methods, remote decon units

Air Monitoring Firm

Asbestos License Number:

Spectrum Environmental Associates, Inc. 29081

Laboratory Performing Analysis

Name: ELAP Registration Number:

Sprectrum environmental associates, inc 11540

Type of Asbestos Work

Pipe Related:

Clean up: Yes

No

Siding: Vessel covering:

No

Caulking/mastic: Roofing/flashing:

Yes

Spray-on insulation:

No Yes

No

Demolition:

Yes

Other-specify:

Demolition Ref#:

VAT:

Waste Transporter

Name: Action waste services

NYS DEC or EPA Permit Number: 4A-619

Phone Number: 518-788-6726 Apt./Suite: PO BOX 181

Address Line 1: RT43

Address Line 2:

City Town or Village: WEST SAND LAKE

Province: State: NY Zip Code: 12196

Country: United States

Landfill

Name: ALBANY LANDFILL

Phone Number: 518-869-3651

Apt./Suite: 525

Address Line 1: RAPP ROAD

Address Line 2:

City Town or Village: ALBANY

Province: State: NY Zip Code: 12205

Country: United States

Type and Amount of Asbestos Containing Material

Friable linear feet:

6507

Friable square feet:

227820

Non-friable linear feet:

0

Non-friable square feet:

156660

Fee

Total linear feet: 6507.0 Total square feet: 384480.0

Total Fee: 4000.0

Project Fee Schedule

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

Linear Feet: 0 - 259 feet: Fee \$0

Square Feet:

Fee \$0

260 - 429 feet:

\$200

0 - 159 feet: 160 - 259 feet: 260 - 499 feet:

\$200

430 - 824 feet: 825 - 1649 feet: \$400 \$1000

500 - 999 feet:

\$400 \$1000

1650 or more feet:

\$2000

1000 or more feet:

\$2000

Remarks

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #2	015-0001	Postmark 02/	2/2015	Date Received		Notification #		
CANDON CONTROL OF THE PROPERTY OF THE PROPERTY OF	fication (check		Driginal	Revised	l Can	celed		
II. Facility Description								
Building Name: FORMER BEECHNUT FACILITY								
Address: 68 CHURCH STREET- City: CANAJOHARIE State: NY Zip Code: 13317 County: MONTGOMERY								
Site Location : EAST SIDE BUILDUP								
Building Size (square feet): 500,000 # of Floors: 1-2 Age in Years: 100 Present Use: NONE Prior Use: MANUFACTURING/WAREHOUSE								
Present Use: NONE Prior Use: MANUFACTURING/WAREHOUSE III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training								
	ration (check of Present? (check		No No	no [] Kenovai	ton [] canergen	cy Kenovadon		
		Kollo).						
V. Facility Information ()wner Name: TD DEVELOPEMENT,LLC								
	Address: 720EAGLE STREET							
*****	City: MASON			State: OH 2		ip Code: 54040		
* *************************************	Contact: TODD CLIFFORD Telephone: (513) 266-6414 Fax:						· · · · · · · · · · · · · · · · · · ·	
Removal Contractor Name: CGK ENVIRONMENTAL SERVICES,LLC								
Address: 1	185 PHOENI	X AVENUE	***************************************					
City: SCH	City: SCHENECTADY			State: NY		ip Code: 12308		
Contact: Th	Contact: THOMAS J GILBERT			ephone: (518)514-8374		Fax: (518) 346-2364		
Other Operator (demolition/general): B&B RECYCLING								
Address: 10	5 WEST BIR	RMINGHAM PLA	CE					
City: BRC	N	State: OK		Z.	Zip Code: 74011			
Contact: RC	MLEY	Telephone: (918)605-5021			Fax: (918) 366-8209			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Pre-demolition surveys performed under: NYS ICR 56, OSHA and analysis performed at ELAP lab								
under NIOSH 90			.NISICK	DO, OSMA a	nu anaryisis p	ellollieu al L	LAI- Iau	
VII. Approximate Amount of Asbestos Materials:								
		RACM to be	Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
				Category I	Category II	Category I	Category II	
Pipes (linear feet)		650	7					
Surface Area (square feet)		227,8	20	360	153,300			
Facility Components		***************************************						
VIII. Scheduled Dates Demolition or Renovation: Start: 02/05/15 Complete: 00/00/16								
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 02/05/15 Complete: 00/00/16							•	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Hours of Operation:	0600-1600	0600-1600	0600-1600	0600-160	0 0600-1600	0600-1600	0600-1600	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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	Description of planned Demolition or Renovation work or renovation techniques to be used and description of plete demo of existing structures to existing grade by rated materials as required by currant EPA,DEC,DOT,	affected facility compor machine/manual met	nents: hods,disposal of all non-recyclable or				
certif	Description of work practices and engineering controls removal and waste handling emission control procedure erance to currant Neshap regulation/ICR56 a fied&qualified persons per issued project des	s: nd all other feder	al/state/ local regulation by				
XII.	Waste Transporter #1 Name: TBD						
	Address:						
	City:	State:	Zip Code:				
ĺ	Contact:	Telephone: ()				
	Waste Transporter #2		011111111111111111111111111111111111111				
	Name:						
	Address:						
	City:	State:	Zip Code:				
	Contact:	Telephone: ()				
XIII.	Waste Disposal						
	Name: TBD						
•	Address:	programming (1999) miles (1999) miles (1997) for an analogomer for an extension (1997)					
	City:	State:	Zip Code:				
WF9W F	Contact:	Telephone: ()				
XIV.	Emergency Demolition (complete Item XIV only if this pro 1. Attach a copy of the Order to this notice.	oject is an Emergency D	emo.)				
	2. Name of Authority Issuing Order: NA Title:						
	3. Authority of Order (Citation of Code);	111					
	4. Date of Order (MM/DD/YY):		Date Ordered to Begin				
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency:						
	 Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe condition 	ons or equipment damag	e or an unreasonable financial burden.				
XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. In accordance with existing NESHAP,OSHA, NYS ICR 56 REGULATIONS BY CERTIFIED&QUALIFIED PERSONS							
XVII.	Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.						
	The State of the s	2/2/2015	THOMAS J GILBERT Type or Print Name and Title				
	Signature of Owner/Operator	/ Date	Type or Print Name and Title				
XVIII.	I. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.						
2/2/2015 THOMAS J GILBERT							
- Carpenda	Signature of Owner/Operator	Date	Type or Print Name and Title				